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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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MICHAEL BEST & FRIEDRICH, LLP 100 E WISCONSIN AVENUE MILWAUKEE, WI 53202			NAJARIAN, LENA	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 09/06/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/730,254

Applicant(s)

ENGEL ET AL.

Examiner

Lena Najarian

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 05 July 2006.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-34 and 40-43 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-34 and 40-43 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response the amendment filed 7/5/06. Claims 1-34 and 40-43 are pending. Claims 1, 15, 22, and 28 have been amended. Claims 40-43 are newly added. Claims 35-39 have been canceled.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-8, 11-16, 25-34, and 43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bid For Surgery (as disclosed by www.medicineonline.com/bidforsurgery, www.mol.net/media/auctionwatch, <http://www.mol.net/contact.asp>, <http://www.mol.net/press111599.asp>, and www.mol.net/media/healthsurfing) in view of Lavin et al. (5,772,585), and further in view of Papageorge (US 6,584,445 B2).
- (A) Referring to claim 1, Bid For Surgery discloses a method of selling healthcare services to a patient, the method comprising:
- establishing a plurality of contracting healthcare service providers (para. 7 of www.medicineonline.com/bidforsurgery; the Examiner interprets "registered" to be a form of "contracting");

establishing an electronic healthcare marketplace operated by at least one marketplace operator, the electronic healthcare marketplace managing communication between a plurality of registered patients and the plurality of contracting healthcare service providers (para. 1-4 of <http://www.mol.net/press111599.asp>; the Examiner interprets "Medicine Online" to be a form of "electronic healthcare marketplace") and providing a contact template usable by at least one of a prospective healthcare service provider and a prospective patient to submit a request for information to the at least one marketplace operator in order to obtain information about the healthcare marketplace (<http://www.mol.net/contact.asp>);

providing, via a patient terminal, a case statement template to at least one of the plurality of patients having a basic information section for specifying an identifier of the patient (para. 6 of www.mol.net/media/auctionwatch; the Examiner interprets "social security number" to be a form of "identifier") and a clinical information section for specifying a category of a procedure, a specific procedure (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery), and past medical history of the patient (para. 6 of www.mol.net/media/auctionwatch);

transmitting case statement information specified in the case statement template over a network to the electronic healthcare marketplace (para. 6 of www.medicineonline.com/bidforsurgery);

preparing, via the electronic healthcare marketplace, a case statement based on the case statement information (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery);

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delivering the case statement to at least one contracting healthcare service provider (para. 7 of www.medicineonline.com/bidforsurgery);

providing, via a healthcare service provider terminal, a proposal response template to the at least one contracting healthcare service provider having a physician section and a facility section for specifying procedures performed information (para. 7 of www.medicineonline.com/bidforsurgery);

preparing a first response based on information specified in the proposal response template (para. 7- para. 11 of www.medicineonline.com/bidforsurgery);

delivering the first response to the at least one of the plurality of patients (para. 7 and para. 11 of www.medicineonline.com/bidforsurgery).

Bid For Surgery teaches having a template with data provided by a physician (para. 7- para. 11 of www.medicineonline.com/bidforsurgery). Bid For Surgery does not expressly teach the specific data recited in claim 1; however, these differences are only found in the non-functional descriptive material and are not functionally involved in the steps recited nor do they alter the recited structural elements. The recited method steps would be performed the same regardless of the specific data. Further, the structural elements remain the same regardless of the specific data. Thus, this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability, *see In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994); *MPEP* § 2106.

Further, it would have been obvious to one having ordinary skill in the art at the time of the invention to modify the type of data disclosed in the prior art

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with the motivation of accommodating the different needs of the patients and physicians.

Bid For Surgery does not expressly disclose the template having contact information of the patient and a complaint of the patient and the proposal response template having non-clinical services information.

Lavin discloses templates specifying contact information of a patient and the chief complaint of a patient (Fig. 5 and Fig. 12 of Lavin).

Papageorge discloses having non-clinical services information (col. 5, lines 15-22 of Papageorge).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the features of Lavin and Papageorge within Bid For Surgery. The motivation for doing so would have been to retrieve pertinent information, such as address and telephone information (col. 7, lines 19-21 of Lavin), to provide reasons for the patient's request (col. 8, lines 50-54 of Lavin), and for all parties to have more information to assess costs, risks, and benefits of the options (col. 7, lines 41-44 of Papageorge).

(B) Referring to claim 15, Bid For Surgery discloses a system of selling healthcare services, the system comprising:

at least one marketplace operator (para. 1-4 of <http://www.mol.net/press111599.asp>; the Examiner interprets "Medicine Online" to be a form of "marketplace operator");

a contact mechanism for providing a contact template usable by at least one of a prospective patient and a prospective healthcare service provider to

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submit a request for information to the at least one marketplace operator (<http://www.mol.net/contact.asp>);

a database of contracting healthcare service providers (para. 7 of www.medicineonline.com/bidforsurgery);

a healthcare case statement information submission mechanism for providing a case statement template to at least one of a plurality of patients, the case statement template having a basic information section for specifying unique identifying information for uniquely identifying the patient (para. 6 of www.mol.net/media/auctionwatch), the case statement template further having a clinical information section for specifying a procedure (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery), and past medical history of the patient (para. 6 of www.mol.net/media/auctionwatch), the healthcare case statement information submission mechanism for receiving case statement information provided by the at least one of the plurality of patient via the case statement template and for transmitting case statement information over a network, the case statement information including the unique identifying information for uniquely identifying the patient (para. 6 of www.medicineonline.com/bidforsurgery);

a case statement engine for generating de-identified case statements based on the case statement information, the de-identified case statements excluding the unique identifying information (para. 6 of www.medicineonline.com/bidforsurgery);

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a healthcare case statement distribution engine for delivering de-identified case statements to healthcare service providers (para. 6 and para. 7 of www.medicineonline.com/bidforsurgery);

a proposal construction engine for providing a proposal response template to at least one of the healthcare service providers, the proposal response template having a physician section and a facility section for specifying procedures performed information, the proposal construction engine for preparing a first response based on information specified in the proposal response template (para. 7-para. 11 of www.medicineonline.com/bidforsurgery); and

a response-receiving engine for receiving responses from healthcare service providers and for delivering the first response to the at least one of the plurality of patients (para. 7 and para. 11 of www.medicineonline.com/bidforsurgery).

Bid For Surgery teaches having a template with data provided by a physician (para. 7- para. 11 of www.medicineonline.com/bidforsurgery). Bid For Surgery does not expressly teach the specific data recited in claim 15; however, these differences are only found in the non-functional descriptive material and are not functionally involved in the steps recited nor do they alter the recited structural elements. The recited method steps would be performed the same regardless of the specific data. Further, the structural elements remain the same regardless of the specific data. Thus, this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability, *see In re Gulack*,

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703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); In re Lowry, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994); MPEP § 2106.

Further, it would have been obvious to one having ordinary skill in the art at the time of the invention to modify the type of data disclosed in the prior art with the motivation of accommodating the different needs of the patients and physicians.

Bid For Surgery does not expressly disclose specifying a complaint of the patient and the proposal response template having non-clinical services information.

Lavin discloses specifying the chief complaint of a patient (Fig. 12 of Lavin).

Papageorge discloses having non-clinical services information (col. 5, lines 15-22 of Papageorge)

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the features of Lavin and Papageorge within Bid For Surgery. The motivation for doing so would have been to provide reasons for the patient's request (col. 8, lines 50-54 of Lavin) and for all parties to have more information to assess costs, risks, and benefits of the options (col. 7, lines 41-44 of Papageorge).

(C) Referring to claim 28, Bid For Surgery discloses a method of selling healthcare services to a patient, the method comprising:

establishing a plurality of contracting healthcare service providers (para. 7 of www.medicineonline.com/bidforsurgery);

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establishing an electronic healthcare marketplace operated by at least one marketplace operator, the electronic healthcare marketplace managing communication between a plurality of registered patients and the plurality of contracting healthcare service providers (para. 1-4 of <http://www.mol.net/press111599.asp>; the Examiner interprets "Medicine Online" to be a form of "electronic healthcare marketplace") and providing a contact template usable by at least one of a prospective healthcare service provider and a prospective patient to submit a request for information to the at least one marketplace operator in order to obtain information about the healthcare marketplace (<http://www.mol.net/contact.asp>);

providing, via a patient terminal, a case statement template having a basic information section for specifying an identifier of the patient (para. 6 of www.mol.net/media/auctionwatch) and a clinical information section for specifying a procedure, and past medical history of the patient (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery and para. 6 of www.mol.net/media/auctionwatch);

transmitting case statement information, at least a portion of which is provided by the patient, from the case statement template over a network to the electronic healthcare marketplace (para. 6 of www.medicineonline.com/bidforsurgery);

preparing, via the electronic healthcare marketplace, a case statement based on the case statement information (para. 6 of www.medicineonline.com/bidforsurgery);

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establishing profile criteria for each of the plurality of contracting healthcare service providers, the profile criteria limiting case statements made available to a contracting healthcare service provider based on a medical area associated with the clinical requirements of the patient (para. 7 of www.medicineonline.com/bidforsurgery);

making the case statement available to each contracting healthcare service provider whose profile criteria matches the case statement (para. 7 of www.medicineonline.com/bidforsurgery);

providing, via a healthcare provider terminal, a proposal response template to at least one contracting healthcare service provider whose profile criteria match the case statement, the proposal response template having a physician section and a facility section for specifying procedures performed information (para. 7 of www.medicineonline.com/bidforsurgery);

receiving a response to the case statement from the at least one contracting healthcare service provider (para. 7 and para. 11 of www.medicineonline.com/bidforsurgery);

preparing a first response based on information specified in the proposal response template (para. 7- para. 11 of www.medicineonline.com/bidforsurgery);
and

delivering the first response to the patient (para. 7 and para. 11 of www.medicineonline.com/bidforsurgery).

Bid For Surgery teaches having a template with data provided by a physician (para. 7- para. 11 of www.medicineonline.com/bidforsurgery). Bid For

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Surgery does not expressly teach the specific data recited in claim 28; however, these differences are only found in the non-functional descriptive material and are not functionally involved in the steps recited nor do they alter the recited structural elements. The recited method steps would be performed the same regardless of the specific data. Further, the structural elements remain the same regardless of the specific data. Thus, this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability, see *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994); *MPEP* § 2106.

Further, it would have been obvious to one having ordinary skill in the art at the time of the invention to modify the type of data disclosed in the prior art with the motivation of accommodating the different needs of the patients and physicians.

Bid For Surgery does not expressly disclose the template having contact information of the patient and a complaint of the patient and the proposal response template having non-clinical services information.

Lavin discloses templates specifying contact information of a patient and a complaint of the patient (Fig. 5 and Fig. 12 of Lavin).

Papageorge discloses having non-clinical services information (col. 5, lines 15-22 of Papageorge).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the features of Lavin and Papageorge within Bid For Surgery. The motivation for doing so would have been to retrieve

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pertinent information, such as address and telephone information (col. 7, lines 19-21 of Lavin), to provide reasons for the patient's request (col. 8, lines 50-54 of Lavin), and for all parties to have more information to assess costs, risks, and benefits of the options (col. 7, lines 41-44 of Papageorge).

Insofar as the claim recites "at least one of," it is immaterial whether or not the other elements are also disclosed.

(D) Claims 2-8, 11-14, 16, 25-27, and 29-34 have not been amended and are rejected for the same reasons given in the previous Office Action, and incorporated herein.

(E) Referring to claim 43, Bid For Surgery discloses a method of selling healthcare services to a patient, the method comprising:

establishing a plurality of contracting healthcare service providers (para. 7 of www.medicineonline.com/bidforsurgery; the Examiner interprets "registered" to be a form of "contracting");

establishing an electronic healthcare marketplace operated by at least one marketplace operator, the electronic healthcare marketplace managing communication between a plurality of registered patients and the plurality of contracting healthcare service providers (para. 1-4 of <http://www.mol.net/press111599.asp>; the Examiner interprets "Medicine Online" to be a form of "electronic healthcare marketplace") and providing a contact template usable by at least one of a prospective healthcare service provider and a prospective patient to submit a request for information to the at least one

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marketplace operator in order to obtain information about the healthcare marketplace (<http://www.mol.net/contact.asp>);

providing, via a patient terminal, a case statement template to at least one of the plurality of patients having a basic information section for specifying an identifier of the patient (para. 6 of www.mol.net/media/auctionwatch; the Examiner interprets "social security number" to be a form of "identifier") and a clinical information section for specifying a category of a procedure, a specific procedure (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery), and past medical history of the patient (para. 6 of www.mol.net/media/auctionwatch);

transmitting case statement information specified in the case statement template over a network to the electronic healthcare marketplace (para. 6 of www.medicineonline.com/bidforsurgery);

preparing, via the electronic healthcare marketplace, a case statement based on the case statement information, wherein preparing a case statement based on the case statement information includes filtering unique identifying information (para. 5 and para. 6 of www.medicineonline.com/bidforsurgery);

delivering the case statement to at least one contracting healthcare service provider (para. 7 of www.medicineonline.com/bidforsurgery);

providing, via a healthcare service provider terminal, a proposal response template to the at least one contracting healthcare service provider having a physician section and a facility section for specifying procedures performed information (para. 7 of www.medicineonline.com/bidforsurgery);

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preparing a first response based on information specified in the proposal response template (para. 7- para. 11 of www.medicineonline.com/bidforsurgery);

delivering the first response to the at least one of the plurality of patients (para. 7 and para. 11 of www.medicineonline.com/bidforsurgery); and

scheduling a visit with the patient and a staff member of the at least one contracting healthcare service provider (para. 21 and para. 22 of www.medicineonline.com/bidforsurgery).

Bid For Surgery teaches having a template with data provided by a physician (para. 7- para. 11 of www.medicineonline.com/bidforsurgery). Bid For Surgery does not expressly teach the specific data recited in claim 43; however, these differences are only found in the non-functional descriptive material and are not functionally involved in the steps recited nor do they alter the recited structural elements. The recited method steps would be performed the same regardless of the specific data. Further, the structural elements remain the same regardless of the specific data. Thus, this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability, see *In re Gulack*, 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); *In re Lowry*, 32 F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994); *MPEP* § 2106.

Further, it would have been obvious to one having ordinary skill in the art at the time of the invention to modify the type of data disclosed in the prior art with the motivation of accommodating the different needs of the patients and physicians.

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Bid For Surgery does not expressly disclose that the scheduling of a visit is with an outpatient. However, it would have been obvious to a person of ordinary skill in the art to include outpatients with the motivation of the physician following-up with the patient after the procedure.

Bid For Surgery does not expressly disclose the template having contact information of the patient and a complaint of the patient and the proposal response template having non-clinical services information.

Lavin discloses templates specifying contact information of a patient and the chief complaint of a patient (Fig. 5 and Fig. 12 of Lavin).

Papageorge discloses having non-clinical services information (col. 5, lines 15-22 of Papageorge).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the features of Lavin and Papageorge within Bid For Surgery. The motivation for doing so would have been to retrieve pertinent information, such as address and telephone information (col. 7, lines 19-21 of Lavin), to provide reasons for the patient's request (col. 8, lines 50-54 of Lavin), and for all parties to have more information to assess costs, risks, and benefits of the options (col. 7, lines 41-44 of Papageorge).

4. Claims 9-10, 17-20, and 22-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bid For Surgery (as disclosed by www.medicineonline.com/bidforsurgery, www.mol.net/media/auctionwatch, <http://www.mol.net/contact.asp> and www.mol.net/media/healthsurfing) in view of

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Lavin et al. (5,772,585) in view of Papageorge (US 6,584,445 B2), and further in view of Henley (US 2002/0065758 A1).

(A) Claims 9-10, 17-20, and 23-24 have not been amended and are rejected for the same reasons given in the previous Office Action, and incorporated herein.

(B) The amendment to claim 22 appears to have been made to merely correct minor typographical or grammatical errors (i.e., removing dashes, repetitive language, and re-arranging the order of claim elements so that the language of the claim is smoother and more consistent), but otherwise does not affect the scope and breadth of the claim as originally presented and/or in the manner in which the claim was interpreted by the Examiner when applying prior art within the previous Office Action.

As such, the recited claimed features are rejected for the same reasons given in the prior Office Action, and incorporated herein.

5. Claim 21 is rejected under 35 U.S.C. 103(a) as being unpatentable over Bid For Surgery (as disclosed by www.medicineonline.com/bidforsurgery, www.mol.net/media/auctionwatch, <http://www.mol.net/contact.asp> and www.mol.net/media/healthsurfing) in view of Lavin et al. (5,772,585) in view of Papageorge (US 6,584,445 B2), and further in view of Segal et al. (US 2001/0041991 A1).

(A) Claim 21 has not been amended and is rejected for the same reasons given in the previous Office Action, and incorporated herein.

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6. Claims 40-42 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bid For Surgery (as disclosed by www.medicineonline.com/bidforsurgery, www.mol.net/media/auctionwatch, <http://www.mol.net/contact.asp>, <http://www.mol.net/press111599.asp>, and www.mol.net/media/healthsurfing) in view of Lavin et al. (5,772,585), in view of Papageorge (US 6,584,445 B2), and further in view of Taylor, JR et al. (US 2002/0042720 A1).

(A) Referring to claim 40, Bid For Surgery, Lavin and Papageorge do not disclose providing a comparison page for displaying the first response and a second response.

Taylor, JR discloses providing a comparison page for displaying the first response and a second response (para. 19 and Fig. 2 of Taylor, JR).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned feature of Taylor, JR within Bid For Surgery, Lavin and Papageorge. The motivation for doing so would have been to have the choice of viewing alternative services at the same time (para. 5 of Taylor, JR).

(B) Claims 41 and 42 repeat the same limitations of claim 40 and are therefore rejected for the same reasons given in the rejection of claim 40 above.

Response to Arguments

7. Applicant's arguments with respect to claim 1, 15, and 28 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

8. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

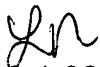
A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Lena Najarian whose telephone number is 571-272-7072. The examiner can normally be reached on Monday - Friday, 8:30 am - 5:00 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.


9-1-06
JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER